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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

APPLICATION NUMBER: 09/749,826  
FILING DATE: December 28, 2000  
FIRST NAMED INVENTOR: HICKS  
GROUP ART UNIT: 2611  
EXAMINER NAME: LAMBRECHT  
ATTORNEY DOCKET NUMBER: BS00343

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Director:

The Assignee respectfully requests entry and consideration of the references listed on the enclosed PTO 1449 Forms. Because this Supplemental Information Disclosure Statement is submitted after a first office action has issued, the Assignee herewith includes the 37 C.F.R. § 1.17 (p) fee of \$180.

If the Office has any questions, the Office is invited to contact the undersigned at (919) 387-6907 or [scott@wzpatents.com](mailto:scott@wzpatents.com).

Respectfully submitted,

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Attorney for Assignee

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PTO/SB/08A (08-00)

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Sheet 1 of 1

### Complete if Known

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First Named Inventor	Hicks
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Examiner Name	LAMBRECHT
Attorney Docket Number	BS00343

### U.S. PATENT DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code <sup>2</sup> (if known)			
		5574979		West, Guy J.	11-1996	
		5905719		Arnold et al.	05-1999	
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### FOREIGN PATENT DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	Foreign Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code <sup>2</sup> (if known)			
		EP 0910 188 A1		Haartsent	04-1999	

### OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

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